

An unlikely spot for a mammogram

Checking under the hood took on new meaning at an Oregon gas station in August — it offered free mammograms in conjunction with a national public-awareness campaign concerning breast cancer. *American Medical News* reported that a Chevron station near Portland was prepared to foot the bill for 20 mammograms in order to raise public awareness of the screening procedure, which costs \$70 (US).

The event was held in conjunction with the Race for the Cure, a women's 5-km run that raises money for education, screening and breast cancer research. The examinations were to be performed in a van staffed by medical personnel from a local hospital. "You can tune up your body while you're having your car tuned up," the station owner said. "Maybe this will send more women to their doctors."

Workshop on CPGs in November

The CMA and other members of the National Partnership for Quality in Health are organizing a third workshop on clinical practice guidelines (CPGs), which will be held in Ottawa Nov. 22–23. The goals are to share information about implementation strategies, develop a handbook on effective implementation and provide an opportunity to network. Besides the CMA, the national partnership includes the Col-

lege of Family Physicians of Canada, the Federation of Medical Licensing Authorities of Canada, the Association of Canadian Medical Colleges, the Royal College of Physicians and Surgeons of Canada and the Canadian Council for Health Services Accreditation.

AMA publishes waste-disposal guide

The Alberta Medical Association (AMA) and the Capital Health Authority have published a guide on the disposal of biomedical waste generated in physicians' offices. A brochure describes biomedical waste, health risks related to such waste and safe disposal methods. A laminated sheet for office use identifies types of waste, packaging and disposal methods and lists contact telephone numbers for regional health authorities and environmental or public-health divisions. The AMA distributed the package to all members with its monthly newsletter.

Western's mousepad delivers a message

The University of Western Ontario made sure first-year students took campus lifestyle issues seriously this fall. All 4000 frosh were issued a "Purple, Proud and Protected" mousepad to encourage low-risk behaviour related to smoking, alcohol use and sexual activity. The

mousepad uses the Western mascot, JW, as a positive role model. The initiative was the brainchild of a family-medicine resident, Dr. Ken Milne, who said it was a fun and long-lasting way to deliver a message on the importance of preventing lifestyle-related problems. The university also sponsored a play, *Single and Sexy*, which explores the lifestyle challenges of living away from home for the first time. The issues it raised included harassment, date rape, sexually transmitted diseases and alcohol abuse.

CMA Travel Centre enjoys increased sales

The volume of business handled by the CMA's Travel Centre rose to \$1.2 million in 1995, an 16% increase over the previous year; revenue and savings provided to the CMA by this service exceeded \$500 000. Operated by Carlson Wagonlit Travel, the centre provides all aspects of business and leisure travel services to CMA members and affiliated societies at substantial savings.

The CMA's Meetings and Travel Department provides consulting services and meeting/travel planning for both the association and some of its affiliated societies, and was involved in the planning or coordination of 133 meetings across Canada in 1995. The CMA also offers an international tour program with educational seminars through INTRAV. For more information, call 800 663-7336.

Unity sought for animal-therapy groups

A Canadian Directorate for Human/Animal Related Development Issues has been established to unite groups concerned with the use of animals in programs designed to help aged, chronically ill and disabled patients. Although well-established organizations such as those that train guide dogs for the blind are governed by international guidelines, other groups provide similar services without having national standards or the capacity to share expertise. The federally incorporated nonprofit directorate hopes to establish a legislative infrastructure that can generate a federal human/animal development act. Further information is available from Joanne Moss, 1180 Priory Lane, Gloucester, ON K1C 1Z9.

Membership-card program expands

A joint CMA/Quebec Medical Association membership card has proved so successful that the CMA's Department of Marketing and Membership Services is now introducing similar cards in pilot projects with the Prince Edward Island, Newfoundland and Labrador, Ontario and Northwest Territories divisions. During the CMA's recent annual meeting, General Council was told that the membership card includes key telephone and fax numbers for the division, CMA Membership Services and MD Management Ltd., as well as physician identification numbers to assist in information processing.

Effect of medical school reforms studied

How has health care reform affected Canada's 16 medical schools? The

CMA board will soon review recommendations from a special task force established by the Canadian Medical Forum (CMF) that looked at the effects of reform on medical education and research.

The CMF meets twice a year to discuss medical education, training, certification, licensure, practice portability and physician resources. The discussion group comprises the presidents and chief executive offi-

cers of the CMA, the Association of Canadian Medical Colleges, the Association of Canadian Teaching Hospitals, the Canadian Association of Internes and Residents, the Canadian Federation of Medical Students, the College of Family Physicians of Canada, the Federation of Medical Licensing Authorities of Canada, the Medical Council of Canada and the Royal College of Physicians and Surgeons of Canada.

Good match results for Class of '96

The Canadian Resident Matching Service says the class of 1996 had the best PGY-1 match result of any graduating medical class in recent years, with 88% of participants matched in their chosen specialty. In a report on the 1996 match, executive director Sandra Banner said 1996 graduates adopted a change in strategy: they applied to fewer disciplines, but to more programs within the specialty of choice. "This strategy appears to have been successful," Banner wrote, "for although there were fewer entry positions for the Class of 1996 they had the best match result of any graduating class."

Banner said 1279 residency positions were available, 54 fewer than in 1994, and students applied to an average of 13 programs. She also reported that:

- 985 students, or 77%, were matched to one of their top-three-ranked programs.
- 71 graduating students and 8 earlier graduates did not find a match in round one. Reasons included applying to too few programs to applying only to highly competitive programs.
- More than 35% of students were matched to out-of-province programs and 46% were

matched at their home school.

- 34 couples submitted paired rankings, and 47% were matched to their first-ranked program. One cautious couple ranked 104 choices and was charged a fee for creating an "unnecessarily long rank order list."
- There were 42 fewer graduates than anticipated from the 13 medical schools outside Quebec.
- The greatest shortfall of positions was in BC, where there were 118 expected graduates for 103 positions, not including 5 family-medicine positions funded by the Department of National Defence. Only 55% of BC graduates were matched to their first-ranked program.
- In the second round, 32 of 38 students who applied and 7 re-entry students were matched.
- This was also the opportunity for graduates of foreign medical schools to apply for training positions; of 236 applicants, 11 found residency positions.
- The most popular choices were family practice and internal medicine; least popular were physical medicine and rehabilitation, and nuclear medicine.